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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 220Registrar's No. 220

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Joseph's
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day In Community Life
(Specify whether years, months or days) In Arizona Life

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)

(d) Street No. 44 E. McDowell (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME SHARON BAKER (b) If veteran name war _____ (c) Social Security No. _____

4. Sex female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Feb. 25 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 6 If less than one day hrs. _____ min. _____

9. Birthplace Phoenix Arizona
(City, town or county) (State or Country)

10. Usual Occupation child

11. Industry or Business _____

12. Name William L. Baker

13. Birthplace Paul Valley, Oklahoma
(City, town or county) (State or Country)

14. Maiden Name Grace Robert McKay

15. Birthplace Phoenix Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature William L. Baker

(b) Address Rt. 10 Box 485

17. (a) Burial, Cremation or Removal burial

(b) Place Greenwood (c) Date 1/2/48 1948

18. (a) Embalmer's Signature L. M. Mortensen

(b) Funeral Director Mortensen Kingsley Mortuary

(c) Address 1020 N. Washington

19. (a) JAN 8 1948
(Date received Local Registrar)

(b) McKerr Shultz
(Registrar's Signature)

40M-100% Rag-1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12/31/47, 1947
TIME (Hour and minute) 1:15 A.M. M.

21. I hereby certify that I attended the deceased from 12/31/47 to 12/31/47, 1947
that I last saw her alive on 12/31/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

2nd & 3rd degree burns of back, legs, arms, face

Due to _____

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence 12/30/47

(c) Where did injury occur? Phoenix Maricopa Arizona
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? _____ (e) Means of injury Burns

23. Signature R. H. Shussey M. D.
Address 15 E. Monroe Date signed Jan. 5/48